

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>In re. Patent Application of: Leo Burrell</b>	)	
	)	
	)	
	)	
<b>Filed: Simultaneously Herewith</b>	)	<b>Examiner:</b>
	)	<b>Group Art Unit:</b>
<b>Serial No:</b>	)	
	)	
<b>For: Contoured Stringed Musical Instrument</b>	)	
	)	
	)	
	)	
<b>Atty. Ref. No.: 151PA0102</b>	)	

**Commissioner for Patents  
M.S. Patent Application  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**Dear Sir or Madam:**

**PETITION TO MAKE SPECIAL UNDER 37 CFR § 1.101 (a)**

It is respectfully requested that the patent application identified above be made special pursuant to 37 CFR § 1.101 (a) and § 708.02 of the Manual of Patent Examining Procedures (MPEP). The basis for this Petition is that the applicant/inventor, Leo Burrell, is over the age of sixty-five (65) years, and therefore, qualifies for the designation. In support of this Petition to Make Special, the applicant hereby submits an Affidavit by Inventor Leo Burrell, which in turn references a photocopy of Mr. Burrell's birth certificate, showing his birth date to be November 6, 1935. The applicant requests that these materials be incorporated by reference to this petition.

In keeping with 37 CFR § 1.102 (c), no fee is required for a Petition to Make Special on

grounds of the applicant's age.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Robert R. Waters", written over a horizontal line.

ROBERT R. WATERS, ESQ.  
REG. NO. 43,241  
WATERS LAW OFFICE, PLLC  
633 SEVENTH STREET  
HUNTINGTON, WV 25701

**PETITION TO MAKE SPECIAL UNDER 37 CFR §1.101 (a)**

**AFFIDAVIT OF INVENTOR LEO BURRELL**

I, Leo Burrell, hereby declare that I am a citizen of the United States of America, and that my residence and post office address are as stated next to my name at the bottom of this page. I hereby attest that I am over the age of sixty-five (65) years, as evidenced by my birth certificate which is attached to this Affidavit. I hereby attest that the enclosed birth certificate is a true and accurate photocopy of my original birth certificate, and I am the person identified in that birth certificate.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful or false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor: Leo Burrell

Date: Jan 29, 2004

Residence: 1919 MADISON AVE., HUNTINGTON, WV

Citizenship: USA

Inventor's signature: Leo Burrell

STATE OF WEST VIRGINIA,

COUNTY OF Cabell:

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of January, 2004.

My commission expires October 17, 2001.

Sandra L. Hand

NOTARY PUBLIC

can. filed 6/4/36

PLACE OF BIRTH  
County of Washtenaw  
Township of Pittsfield  
or  
Village of \_\_\_\_\_  
or  
City of \_\_\_\_\_

MICHIGAN  
DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF BIRTH

State Office No.  
**81 5430**

Registered No. 13

(No. \_\_\_\_\_) (If birth occurs in a hospital or other institution, give name of same instead of street and number)  
St. \_\_\_\_\_  
Ward \_\_\_\_\_  
FULL NAME OF CHILD Leo Leroy Burrell If child is not yet named, make supplemental report as directed

Sex of Child <u>male</u>	Twin, triplet, or other? <u>X</u>	and	Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>Nov 19</u> 19 <u>35</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Bury Alfred Burrell</u>			Full Maiden Name <u>Jene Lavina Cobb</u>		
Residence (P. O. Address) <u>Ann Arbor Route 6</u>			Residence (P. O. Address) <u>Ann Arbor Route 6</u>		
Color or Race <u>white</u>	Age at last Birthday <u>23</u> (Years)		Color or Race <u>white</u>	Age at last Birthday <u>19</u> (Years)	
Birthplace <u>Canton Center Mich</u>			Birthplace <u>St. Helena County Mich</u>		
Occupation (And Industry) <u>Cement finisher</u>			Occupation (And Industry) <u>Housewife</u>		
Number of child of this mother <u>2</u>			Number of children, of this mother, now living <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated. (Born alive or stillborn)

Have eyes of child been treated with one and one-half per cent solution of silver nitrate as required by law? yes  
(Signature) Thos W. Patton  
Dated 11/12, 1935 (Attending physician, midwife, etc.)

Given or christian name added from a supplemental report \_\_\_\_\_, 19\_\_\_\_  
Address \_\_\_\_\_  
Filed Nov 21, 1935 RN B. Clunworth Registrar

Was there any serious malformation or defect? \_\_\_\_\_

I hereby certify that the above is a true and correct reproduction of the certificate on file in the Michigan Department of Community Health, Lansing, Michigan

CERTIFIED BY:

November 19, 1997.

Carol V. Getts

Carol V. Getts  
State Registrar

BEST AVAILABLE COPY